

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**  
1740 W. ADAMS ST., SUITE 4600, PHOENIX, ARIZONA 85007  
PHONE (602) 364-1PET (1738) FAX (602) 364-1039  
VETBOARD.AZ.GOV

**COMPLAINT INVESTIGATION FORM**

*If there is an issue with more than one veterinarian please file a separate Complaint Investigation Form for each veterinarian*

PLEASE PRINT OR TYPE

**FOR OFFICE USE ONLY**

Date Received: Jan. 10, 2022 Case Number: 22-77

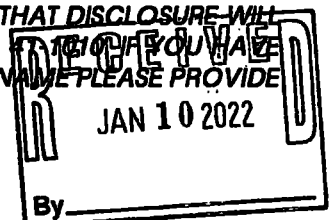
**A. THIS COMPLAINT IS FILED AGAINST THE FOLLOWING:**

Name of Veterinarian/CVT: Dr Alexis Roth  
Premise Name: Civano Animal Hospital and Emergency Center  
Premise Address: 10425 E. Drexel Road  
City: Tucson State: AZ Zip Code: 85747  
Telephone: 520-600-7100

**B. INFORMATION REGARDING THE INDIVIDUAL FILING COMPLAINT\*:**

Name: Danio Gracin  
Address: [REDACTED]  
City: [REDACTED] State: [REDACTED] Zip Code: [REDACTED]  
Home Telephone: [REDACTED] Cell Telephone: [REDACTED]

\*STATE LAW REQUIRES WE HAVE TO DISCLOSE YOUR NAME UNLESS WE CAN SHOW THAT DISCLOSURE WILL RESULT IN SUBSTANTIAL HARM TO YOU, SOMEONE ELSE OR THE PUBLIC PER A.R.S. § 17-1010. IF YOU HAVE REASON TO BELIEVE THAT SUBSTANTIAL HARM WILL RESULT IN DISCLOSURE OF YOUR NAME PLEASE PROVIDE COPIES OF RESTRAINING ORDERS OR OTHER DOCUMENTATION.



**C. PATIENT INFORMATION (1):**

Name: Roxy

Breed/Species: Retriver, Lab Mix

Age: 11 Sex: F Color: black and white

**PATIENT INFORMATION (2):**

Name: \_\_\_\_\_

Breed/Species: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Color: \_\_\_\_\_

**D. VETERINARIANS WHO HAVE PROVIDED CARE TO THIS PET FOR THIS ISSUE:**

*Please provide the name, address and phone number for each veterinarian.*

Alexis Roth, 10425 E. Drexel Road, Tucson, AZ 85747 520-600-7100

**E. WITNESS INFORMATION:**

*Please provide the name, address and phone number of each witness that has direct knowledge regarding this case.*

Denise Ruby, [REDACTED]

**Attestation of Person Requesting Investigation**

By signing this form, I declare that the information contained herein is true and accurate to the best of my knowledge. Further, I authorize the release of any and all medical records or information necessary to complete the investigation of this case.

Signature: [Signature]

Date: JANUARY 5, 2022

**F. ALLEGATIONS and/or CONCERNS:**

*Please provide all information that you feel is relevant to the complaint. This portion must be either typewritten or clearly printed in ink.*

Just for the record, I addressed my concern, with Dr Roth in a handwritten letter dated August 9, 2021 and sent to Civano Animal Hospital who was in charge and administered euthanize services for my animal Roxy but never received reply from Dr Roth... Since I did not receive reply from anyone at the Civano Animal Hospital to include Dr Roth I decided to contact your office via email and sent a copy of my handwritten letter to your office at which time Tracy Riendeau read the letter and replied on Oct 28 and suggested contact the owner of the Animal Hospital Dr McCrady who may not be aware of my complaint or have knowledge as to what transpired on June 27th 2021 during euthanizing services rendered by Dr Roth..and perhaps give her opportunity to address my discontent with services rendered on that day...

Under Tracy's suggestion I decided not proceed with complaint with your office and give the owner of Civano Animal Hospital Dr McCrady opportunity to investigate, research and talk to Dr Roth to come to some kind of resolve to address my complaint, by sending her a 4 page handwritten letter on November 10, 2021, with her name and address of 10425 E. Drexel Road Tucson, AZ 85747..

Just to be clear, I specified on the last page of my letter, should I not receive an answer by December 12, 2021 I will escalate my complaint to your office for some answers or resolve... As of this date January 5th 2022 both of my letters were left unanswered.. Here is my complaint, on the morning of June 27th, 2021 I decided to proceed with euthanizing my beloved animal Roxy and made an appointment for 11:00am to put the animal to sleep. I specified and made it clear to Dr Roth when she administers anesthesia I want Roxy to be able to focus her eyes on me, I want her to look at me for the last time as she closes her eyes and slowly and peacefully falls asleep before full effect of propofol takes affect... During my previous experiences with family animals being put down, veterinarian usually in private surroundings allows about 10 minutes or so for anesthetic to take effect which gives family or animal owner time to reflect and say its last respects to and farewell....

Right now I'm very emotional and angry reflecting back to that dreadful day..

I can assure you this unfortunate minutes are on loop play in my mind and will be to my dying day... Living alone, I loved Roxy, she was not just my animal, she was my world...

Here is what I remember, to the best of my ability with emotions running high right now as I am writing this letter to you...

I remember being in my kneeling position in front of the Roxy, Dr Roth was also now in kneeling position to me left and to the right of Roxy with 3 syringes in her right hand. The catheter was already placed in her left front leg, as I am kneeling in front of her this would be her leg to my right... At this point, I do not know why Roxy decided to go from laying down position to sitting position, that remains mystery, but as I was making all efforts and repeating commands to get her back to lay down position, Dr Roth proceeded to swing her body behind me from my left side to my right side to access her catheter and proceeded to give her all of 10ml of propofol in quick squeeze of syringe plunger which constituted Roxy to collapse instantly in front of me... As she was collapsing in my arms I remember my emotional support acquaintance and a good neighbor Denise, yelled out "catch her" Thank God for me being there in front of her, to catch her before she collapsed to the concrete floor with dead weight.. Now as she was collapsing Dr Roth in mere few seconds changed emptied syringe of propofol to new syringe with 10mil of euthasol drug. After she emptied syringe full dose of euthasol she swung her body back to me left while I was still on my knees and pronounced her heart has stopped.. If my recollection serves me correctly, I think from the time I tried to get Roxy to lay down, to time doctor pronounced her dead was all but (1) one minute.

At that point I asked for both Dr Roth and Denise to leave and give me private moment with Roxy to say my final good-byes, I remember as I was mourning her and crying I noticed her eyelids were wide open and I did my best to try to close them but they would only close half way, which made me believe, I don't know, doctors probably do she may

Just for the record, I addressed my concern, with Dr Roth in a handwritten letter dated August 9, 2021 and sent to Civano Animal Hospital who was in charge and administered euthanize services for my animal Roxy but never received reply from Dr Roth...Since I did not receive reply from anyone at the Civano Animal Hospital to include Dr Roth I decided to contact your office via email and sent a copy of my handwritten letter to your office at which time Tracy Riendeau read the letter and replied on Oct 28 and suggested I contact the owner of the Animal Hospital Dr McCrady who may not be aware of my complaint or have knowledge as to what transpired on June 27th 2021 during euthanizing services rendered by Dr Roth..and perhaps give her opportunity to address my discontent with services rendered on that day...

Under Tracy's suggestion I decided not proceed with complaint with your office and give the owner of Civano Animal Hospital Dr McCrady opportunity to investigate, research and talk to Dr Roth to come to some kind of resolve to address my complaint, by sending her a 4 page handwritten letter on November 10, 2021, with her name and address of 10425 E. Drexel Road Tucson, AZ 85747.. Just to be clear, I specified on the last page of my letter, should I not receive an answer by December 12, 2021 I will escalate my complaint to your office for some answers or resolve...As of this date January 5th 2022 both of my letters were left unanswered..

Here is my complaint, on the morning of June 27th, 2021 I decided to proceed with euthanizing my beloved animal Roxy and made an appointment for 11:00am to put the animal to sleep. I specified and made it clear to Dr Roth when she administers anesthesia I want Roxy to be able to focus her eyes on me, I want her to look at me for the last time as she closes her eyes and slowly and peacefully falls asleep before full effect of propofol takes affect...During my previous experiences with family animals being put down, veterinarian usually in private surroundings allows about 10 minutes or so for anesthetic to take effect which gives family or animal owner time to reflect and say its last respects to and farewell....

Right now I'm very emotional and angry reflecting back to that dreadful day..

I can assure you this unfortunate minutes are on loop play in my mind and will be to my dying day...Living alone, I loved Roxy, she was not just my animal, she was my world...

Here is what I remember, to the best of my ability with emotions running high right now as I am writing this letter to you...

I remember being in my kneeling position in front of the Roxy, Dr Roth was also now in kneeling position to me left and to the right of Roxy with 3 syringes in her right hand. The catheter was already placed in her left front leg, as I am kneeling in front of her this would be her leg to my right...At this point, I do not know why Roxy decided to go from laying down position to sitting position, that remains mystery, but as I was making all efforts and repeating commands to get her back to lay down position, Dr Roth proceeded to swing her body behind me from my left side to my right side to access her catheter and proceeded to give her all of 10ml of propofol in quick squeeze of syringe plunger which constituted Roxy to collapse instantly in front of me...As she was collapsing in my arms I remember my emotional support acquaintance and a good neighbor Denise, yelled out "catch her" Thank God for me being there in front of her, to catch her before she collapsed to the concrete floor with dead weight..Now as she was collapsing Dr Roth in mere few seconds changed emptied syringe of propofol to new syringe with 10mil of euthasol drug. After she emptied syringe full dose of euthasol she swung her body back to me left while I was still on



my knees and pronounced her heart has stopped..If my recollection serves me correctly, I think from the time I tried to get Roxy to lay down, to time doctor pronounced her dead was all but (1) one minute.

At that point I asked for both Dr Roth and Denise to leave and give me private moment with Roxy to say my final good-byes, I remember as I was mourning her and crying I noticed her eyelids were wide open and I did my best to try to close them but they would only close half way, which made me believe, I don't know, doctors probably do she may have been still conscious while she was receiving the kill drug, I hope I'm wrong...

In conclusion, I feel there are those few doctors that think they are infallible, they don't make mistakes and how dare you question them.

My handwritten letter to Dr Roth was to acknowledge my displeasure with her euthanizing services and her lack of professionalism. She obviously was in the hurry and just wanted to get this thing over with... In my 66 years of life I trust my gut instincts, and all I asked for was, a handwritten apology...

However, when I wrote a letter to Dr McCrady, the owner of Civano Animal Hosptial, at later date November 10th, 2021 and letter was sent to same business address, I asked for not just Dr Roth handwritten apology, but possible consideration to refund me for euthanizing service as well..

— EWO —

NOVEMBER 10, 2021

DR McCrady,

IT IS WITH MY REGRET, THAT I HAVE TO WRITE THIS LETTER TO YOU, BUT DID SO UNDER ADVISEMENT FROM TRACY @ VETBOARD.AS.GOV IDENTIFIED YOU AS THE OWNER OF CIVANO ANIMAL HOSPITAL TUCSON, AZ AND ASKED ME THAT I REACH OUT TO YOU FOR SOME KIND OF RESOLVE BEFORE I ESCALATE THE COMPLAINT TO THEIR OFFICE,

I SENT DR ROTH 3 PAGE HANDWRITTEN LETTER MIDDLE OF AUGUST EXPLAINING IN FULL OF MY DISPLEASURE ON HOW SHE HANDLED ROXY, MY 11 YR OLD DOG FROM DIAGNOSIS TO EUTHANIZING BEGINNING 25-27 JUNE, 2021. I HOPE SHE READ MY HANDWRITTEN LETTER ADDRESSED TO HER AND MARKED AS "DR ROTH EYES ONLY" WHEN SHE RECEIVED IT BY LAST WEEK OF AUGUST 2021. BUT TO NO SURPRISE, I HAVE YET TO RECEIVE A RESPONSE I WAS ASKING FOR, AND THAT WAS SOME KIND OF EXPLANATION AND APOLOGY TO ME FOR ALLOWING ROXY TO COLLAPSE IN MY ARMS WHILE SHE WAS STILL IN SITTING POSITION, YES SITTING POSITION DURING EUTHANIZING PROCEDURE.

TO GIVE YOU A BETTER DESCRIPTION, I TRIED TO GET ROXY TO LAY DOWN FROM SITTING POSITION BUT WOULD NOT RESPOND WITH SEVERAL REQUESTS, MEANWHILE DR ROTH SWING HERSELF AROUND BACK OF ME FROM MY LEFT SIDE TO MY RIDE SIDE AND HURRIEDLY AND FULLY INTERTED ROXY WITH ANESTHETIC MEDICATION INTO HER CATHETER LEFT FRONT LEG, SHE DROPPED



PAGE 2

INSTANTLY, LUCKILY I WAS THERE IN KNEELING POSITION IN FRONT OF HER AND CAUGHT HER WHEN SHE SUDDENLY COLLAPSED IN MY ARMS OTHERWISE, SHE WOULD HAVE DROPPED TO THE FLOOR LIKE A HEAVY 85 LBS ROCK. EVEN MY EMOTIONAL SUPPORT NEIGHBOR DENISE RUBY WHO WAS PRESENT IN THE ROOM YELLED OUT "CATCH HER" AND THEN DR ROTH PROCEEDED TO INJECT HER WITH MEDICATION TO STOP HER HEART, JUST MERE SECOND OR TWO AFTER ANESTHETIC WAS INJECTED.

I DONT BELIEVE YOUR HOSPITAL PRATICES AND UTILIZES INTERNAL SOP OF THIS SORT OR FOLLOWS THIS KIND OF PROCEDURE TO EUTHANIZE ANY OR ALL ANIMALS IN THIS MANNER. AS FAR AS I'M CONCERNED, HER ACTIONS WAS UNWARRANTED, CARELESS, UNPROFESSIONAL AND UNCONSCIONABLE. THIS SCENE IS, HAS BEEN AND WILL BE ON LOOP PLAY (SORT OF SPEAK) IN MY HEAD UNTIL MY DYING DAY.

I REALIZE EUTHANIZING ANIMALS IS A SECOND NATURE TO YOU DOCTOR'S BUT TO THE OWNER OF THAT ANIMAL, THAT ANIMAL IS THEIR WHOLE WORLD. ROXY WAS MY WHOLE WORLD, SHE MAY NOT HAVE BEEN MY CERTIFIED SERVICE ANIMAL, BUT AS FAR AS I WAS CONCERNED SHE WAS AND ALWAYS WILL BE. I HAVE SEVERE HEARING LOSS & PPL WEARING MASK WHILE TALKING TO ME MAKES IT EVEN MORE DIFFICULT TO UNDERSTAND. THE POINT

PAGE 2

Nov

ESDAY

306  
Election 1

31

32

A# 430.9



PAGE 3

I'M TRYING TO MAKE HERE IS, RUBY WAS MY EARS ANYTIME I REMOVED MY HEARING AIDS OUT, ESPECIALLY BEFORE BED. I DEPENDED ON HER AND SHE WILLINGLY ACCEPTED HER RESPONSIBILITY BY BARKING OR LOW GROWL WHEN SHE HEARD UNFAMILIAR NOISES OUTSIDE OR DOOR BELL ACTIVATED. YES, I CAN'T HEAR THAT BELL OR MICROWAVE TIMER GO OFF I'M THAT DEAF.

HER EARLY DEPARTURE @ JUST TURNING 11 YRS OLD WAS DEFINATELY NOT EXPECTED SO SOON SO EARLY AS WE WERE JUST DAYS AWAY FROM DEPARTING ARIZONA FOR ALABAMA AS I FLIP FLOP HOME EVERY 6 MONTHS.

I LIVE ALONE AND HER BEEN GONE IS LIKE GOING FROM 100% TO 50% FROM ONE MINUTE TO NEXT ON THAT DREADFUL DAY.

SHOULD YOU NEED TO TALK TO MY EMOTIONAL SUPPOR NEIGHBOR WHO VOLUNTEERED TO BE THERE FOR ME IS DENISE RUBY & HER PHONE NUMBER IS 520-465-0002, I HOPE YOU REACH OUT TO HER, SHE CAN PROVIDE YOU WITH MORE VIVID DESCRIPTION AS TO WHAT TRANSPIRED IN THOSE FEW MINUTES DURING EUTHANIZING PROCEDURE.

SO THAT WE ARE CLEAR, DR McCRAOY I'M ASKING HAND WRITTEN APOLOGY LETTER FROM DR ROTH AND PERHAPS HAVING YOU CONSIDER REFUNDING COST OF EUTHANIZING SERVICES THAT I WAS CHARGED FOR, BUT WAS NOT RENDERED THAT

PAGE 3

ovem

WE

306/59  
ection Day

3

313/52

10

320/45

17

327/38

24

334/30



PAGE 4

PROFESSIONAL AND CARING MATTER PERFORMED  
BY DR ROTH.

ON A POSITIVE NOTE, THE FAMILY PET SERVICES  
COMPANY THAT HANDLED HER CREMATION I CAN'T  
SAY ENOUGH ON HOW IMPRESSED I WAS WITH  
THEIR SERVICES, HOW WELL THEY ADDRESSED  
MY CONCERNS DURING PHONE CALL CONVERSATION  
WITH THEM ON GETTING HER REMAINS PREFERABLY  
BEFORE I LEFT ARIZONA. THEY WENT OUT OF  
THEIR WAY TO CALL THE TRUCK DRIVER TO ENSURE  
ROXY'S REMAINS ARE ON THAT DELIVERY TRUCK  
AND WILL BE DELIVERED TO YOUR HOSPITAL  
WITHIN 15 MINUTES. WITHIN SECONDS OF THAT CALL  
I WAS IN MY CAR AND ON MY WAY TO YOUR  
LOCATION 38 MILES AWAY TO GET MY BABY.

DR. McCRAOY ALL I ASK OF YOU IS TO  
INVESTIGATE/RESEARCH AND ADDRESS MY CONCERNS  
I IDENTIFIED WITHIN TIMELY MATTER, SHOULD I  
NOT HEAR FROM YOU BY DEC 12, 2021 I WILL  
ASK TRACY TO STEP IN AND ASSIST ME TO  
OBTAIN SOME TYPE OF RESOLVE. BTW, SHE IS  
IN POSSESSION OF MY LETTER I SENT TO  
DR ROTH.

SINCERELY,


PAGE 4

ovem

WE

306/59  
on Day

3

13/52

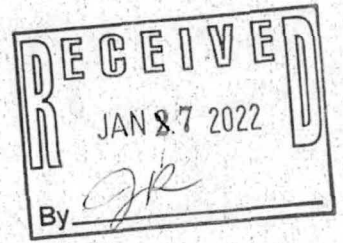
10

45

17

24

1/24/2022



Alexis Roth, DVM



Tracy A. Riendeau, CVT

Arizona State Veterinary Medical Examining Board

1740 W. Adams St. Ste 4600

Phoenix, AZ 85007

This letter is to serve as a typewritten response related to the events associated with the inquiry made by Danio Gracin regarding his 12yr, F/S Labrador mix Roxy. Reference # 22-77

Mr. Gracin came to Civano Animal Hospital as a walk in on 6/25/2021 with the report that Roxy had been vomiting and having diarrhea for approximately 7 days. He reported that she still did attempt to eat and drink but would often vomit 1-3 hours later. He reported she had a history of "problems with her back legs" and was taking meloxicam 7.5 mg – ½ tab po once daily, heartguard as well as a flea and tick preventative once monthly. He had also been giving her Pepto bismol , 1 tab every hour , 6 tablets given on 6/23/21. Her reported diet was Purina one canned and dry as well as blended/cooked chicken and macaroni once daily prior to meloxicam. Vaccinations were reported to be current but no records provided. He noted that he normally lives in Alabama and would be traveling back in the very near future and expressed an overall concern for her age and declining quality of life and the stress that travel would add to this.

Roxy was seen as an emergency appointment that day, 6/25/21. On physical exam she was overweight with a BCS 7/9, had pink MM and a CRT of <2 sec. Her vitals were stable with a body temp of 101.9, a HR of 120 bpm and a RR of 40. Her abdomen was soft and nonpainful with no palpable masses or fluid ballottement. She had a relatively bright mentation with normal heart and lung sounds. There were no external wounds or integumental abnormalities noted. She was stiff overall in both rear legs and had normal neurologic exam.

The Ddx for her reported gastrointestinal symptoms was extensive and included both primary and secondary GI reasons such as metabolic/endocrine, pancreatitis, infectious, inflammatory, toxic, parasitic, neoplasia, immune, other (travel history from Alabama). A general bloodwork panel to include



cbc/chemistry, cPl testing and abdominal radiographs were recommended as an initial diagnostic profile and approved by Mr. Gracin.

Initial diagnostics showed significantly elevated BUN/Cr and serum Phos levels. Na was mildly elevated at 167 mmol/L with a normal K at 4.3 and a mildly elevated CL at 124 mmol/L. In addition, her ALP was elevated at 646 U/L and her ALT 228 U/L. Roxy's CBC was unremarkable with a mild lymphopenia of 0.84K/uL. Her Cpl was abnormal.

Her radiographs showed moderate to good abdominal detail with a predominantly empty gastrointestinal tract and minimal gas dilation noted mostly in the large bowel. An obvious foreign body or obstructive pattern was not identified. The kidneys appeared somewhat small and ill defined bilaterally and there were no obvious radiodense renal or bladder stones noted.

It is at this time that I feel it pertinent to highlight the reason why Mr. Gracin and Roxy were uniquely memorable to me. Mr. Gracin's verbal interactions were challenging and lengthy. His train of thought was confusing and at times combative towards other "professionals" as he referred. Prior to the completion of the exam and any diagnostics he made the repetitive and very definitive statement that he knew what was best for her and that she was an elderly dog with several other "issues" that would cause her to have a poor quality of life moving forward regardless of her current condition and response to treatment.

Despite this, based on his demeanor, I felt it important to spend a great deal of time going over Roxy's history, his recent travel and future travel plans, as well as each diagnostic result and the possible differentials for the noted abnormalities and clinical symptoms with him. He interrupted and brought up euthanasia several times however it was important for me to attempt to make sure he understood clearly the differentials and possible options moving forward. I discussed at length that she may in fact have a good prognosis and response to treatment but that this would be hard to determine without additional diagnostics such as a urinalysis, abdominal US, or even just recheck labwork after supportive care. I advised that with these additional diagnostics we would be able to make a more appropriate decision about underlying causes for her labwork changes, guide acute/long term management as well as the decision to euthanize.

During this extensive discussion he took the opportunity on multiple occasions to remind me of Roxy's age as well as to report that numerous previous veterinarians including the one who placed Roxy on meloxicam for her "arthritis" were to blame for her current and historic clinical conditions with a very negative and threatening tone. It was clear he was very emotional. I was more than happy to provide any guidance and time for conversation that he needed however I did not engage in placing blame or providing negative opinion about previous veterinary care which he was insisting I do.

Ultimately however, he declined the recommendation for all additional diagnostics and asked that we treat Roxy for her nausea with IV fluids and supportive medications to keep her comfortable in the hospital overnight. He requested he not be contacted in the morning and that he would be coming in to pick her up and spend some time with her that day/evening so that he could return for euthanasia the following day. He declined my recommendation for recheck labwork after in hospital supportive care, as well as a plan for outpatient care in case he may be more comfortable with this. He made it clear to me he did not feel her current quality of life was good and that she would not tolerate the long-distance car ride back to Alabama. He declined all medications to go home.

In the end, I offered to support him in whatever decision he felt was appropriate for Roxy, as that was his family member and beloved companion.

He indicated later that her code status was Red – meaning in the event she went into cardiopulmonary arrest while staying in our hospital she was not to be resuscitated.

He returned to pick up Roxy on 6/26/21. Becky Rojas, my certified senior veterinary technician of over 10 years who I consider one of the most patient and empathetic professionals in the field, again spent a great deal of time just being “present” with him during discharge while he talked. He again declined all additional diagnostics, in hospital as well as outpatient treatment options in attempt to get him back home to Alabama. He talked for some time about her declining quality of life, thanked us for the care overnight and stated he would return the following day for euthanasia.

On 6/27/21 he returned to euthanize Roxy with another female (friend). He indicated to our lead customer service representative Loree Kester, that he would like a private cremation with a clay paw print. He was checked out prior to the euthanasia so as to minimize his having to interact with staff or public after the procedure and while doing this Roxy was taken to the back and an IV catheter placed to facilitate a smooth euthanasia experience. He was placed into our designated euthanasia room which is larger, with a small window overlooking a garden and set aside from the others for privacy. He visited with her for some time and was checked on numerous times to make sure he did not need anything while visiting and saying “goodbye”.

Once he indicated he was ready I entered the exam room and greeted them both, introducing myself to his friend and thanking her for being there with him. We talked again for an extended time period as I felt it important that he knew I was present and supportive given the historical time and lengthy conversations both myself and my technician had already had with him. I asked him how his night was, if he was able to get her to eat her steak, and if he was able to rest with her. I asked if he wanted to discuss her clinical condition or any additional recommendations and he very clearly declined, he felt she was very weak and that he had spent the time he needed to have with her and was comfortable in his decision to euthanize. I then spent a moment explaining the euthanasia process to which he indicated he understood and did not have any questions.

It is again at this time I feel it imperative to highlight that not once in my 19 yr career as a professional have I ever been accused of being in a rush, most importantly at one of the most critical and sometimes devastating points in a human-animal relationship. It is exactly this bond and the gift of euthanasia in this profession that demands both humility and grace. It is one of the first things and still one of the most important, I teach my externs, interns and veterinary students. It would be an understatement for me to say that I am disheartened and disappointed by Mr. Gracin's very inaccurate accusations as I feel each and every staff member that interacted with him went above and beyond recognizing his emotional state, validating his grief and being patient with his overall demeanor.

Ultimately, every time I perform a euthanasia I place myself at the level of the pet as well as the owner and NEVER proceed without verbal consent by the owner. I simply ask, while making eye contact with every person in the room, “are you ready”? I sat down on the floor with Mr. Gracin and Roxy and when asked this question to both Mr. Gracin as well as his friend who remained standing, they both provided a verbal “yes”.



During this time of discussion on the floor, Roxy moved from a laying to a sitting position. After waiting for several minutes and allowing Mr. Gracin to attempt to guide her back down, Mr. Gracin realized it was clear that forcing her to lay down on the blanket we provided would have created extra anxiety and stress for both he and Roxy. Mr. Gracin motioned for me to proceed. I asked Mr. Gracin again, if it was ok for her to be in this position and if he was ready – at which time he replied “yes”. He did not verbally indicate to me at any time that he did not want me to proceed or that he wanted Roxy to be sedated for more than 10 minutes prior to receiving the euthanasia solution, nor did he provide any additional euthanasia instructions to help guide me in how he wanted the euthanasia to proceed. Had he done so I would clearly have stopped or chosen a different sedative in attempt to make this experience exactly as he desired. In fact, he provided no other instruction during the euthanasia and responded with permission during every step of the euthanasia process.

It has been my experience that the use of propofol given IV slowly prior to euthanasia creates a smoother, more quiet induction and less side effects that can be alarming to clients such as gasping or muscle spasms. Once Mr. Gracin gave me permission to proceed, propofol was given slowly IV and Roxy did lay down comfortably as expected into both myself and Mr. Gracin’s arms. Given her sitting position, I was prepared to support her once the propofol took effect. Mr. Gracin then continued to cradle her on the floor, at which time I removed the syringe of propofol from the catheter. I then inserted the syringe of diluted euthanasia solution. I again, as I always do, made a verbal statement to those in the room that I was going to begin giving the euthanasia solution. I have learned over time this gives clients peace in knowing exactly when I administer this. I have at times had clients ask me to wait. Mr. Gracin did not ask me to wait. He indicated again, that it was clear he knew what I was doing and that he was ready to proceed.

Once completed I flushed the catheter with 3 ml of heparinized saline and moved around the back of Mr. Gracin to Roxy’s chest to confirm cardiopulmonary arrest. I notified both Mr. Gracin as well as his friend that she had in fact passed. They both thanked me and I offered to provide as much time as they needed to visit with her body. We spent a few moments being grateful that she was at peace then he asked his friend and myself to leave the room.

Roxy’s body was processed immediately for private cremation as requested and a sympathy card was sent to Mr. Gracin.

I had no further contact with Mr. Gracin until I received a lengthy handwritten letter sent to Civano Animal Hospital titled “For Dr. Roth’s eyes only”. In this letter he expressed his extreme disappointment, stating that he felt I rushed the euthanasia and was unprofessional. He demanded a hand-written letter of apology highlighting my errors during the euthanasia and for my lack of professionalism. This was surprising to me quite frankly and I attempted to call Mr. Gracin several times but was unable to reach him or leave a message. I was able to hear a voicemail on occasion but not consistently. I felt the specific request for a handwritten letter of apology was unusual and I was unwilling to do this without first having a conversation with him as it was unclear to me how he came to this conclusion. I did not feel comfortable, given his previous comments, with what his intent was for the handwritten letter, the potential legal ramifications or my personal safety associated with generating such a letter as it was clear that his emotional status was volatile. I placed this letter in our basket to go back up front with a note to please scan into his file. Unfortunately, it appears this letter is not in his permanent medical record. I am hoping this original letter was also sent to the board as a part of this complaint.

I again received no further communication from Mr. Gracin until a second handwritten letter was sent to Civano Animal Hospital addressed to who he identified as the owner, Dr. McCrady, with similar and even more concerning complaints and another demand for a handwritten letter of apology as well as a refund for euthanasia services. This letter is scanned into the medical record.

I reached out again to Mr. Gracin no less than 6 times on various dates via phone, noted in the permanent medical record on 11/15/21 and 11/24/21. When calling the number provided by Mr. Gracin there is sometimes a lengthy voicemail message regarding solicitors that is audible and at others it simply disconnects after ringing.

Ultimately, my goal was to speak directly with Mr. Gracin to better understand his concerns and apologize if he felt I gave the impression that I was rushed, unprofessional or not compassionate as this was certainly not accurate nor what I ever want to portray. I again wanted to spend the time with him he needed and validate the care and relationship he had with Roxy. I also wanted to offer and process the refund he requested simply as a measure of good faith, for his peace of mind.

I would like to be clear that at no time did he provide instructions for euthanasia or express that he was distraught or dissatisfied either during or after the procedure itself. In conclusion, I am extremely hesitant to garnish a handwritten letter of apology as I am not clear as to the intent of this letter nor am I clear that my personal safety or that of my family and staff, as well as my professional reputation is not at jeopardy given his volatile mental status.

Thank you for your time, consideration and detailed review.

Regards,

A handwritten signature in black ink, appearing to read 'Alexis Roth', with a long, sweeping horizontal line extending to the right.

Dr. Alexis Roth

Chief Veterinarian, Reid Park Zoo

Owner/DVM, Civano Animal Hospital and Emergency Center

**DOUGLAS A. DUCEY**  
- GOVERNOR -



**VICTORIA WHITMORE**  
- EXECUTIVE DIRECTOR -

**ARIZONA STATE VETERINARY MEDICAL EXAMINING BOARD**

1740 W. ADAMS STREET, STE. 4600, PHOENIX, ARIZONA 85007

PHONE (602) 364-1-PET (1738) ♦ FAX (602) 364-1039

VETBOARD.AZ.GOV

**INVESTIGATIVE COMMITTEE REPORT**

**TO:** Arizona State Veterinary Medical Examining Board

**FROM:** AM Investigative Committee: Robert Kritsberg, DVM - Chair  
Christina Tran, DVM  
Carolyn Ratajack  
Jarrod Butler, DVM  
Steven Seiler

**STAFF PRESENT:** Tracy A. Riendeau, CVT – Investigations  
Marc Harris, Assistant Attorney General

**RE:** Case: 22-77  
Complainant(s): Danio Gracin  
Respondent(s): Alexis Roth, D.V.M. (License: 4365)

**SUMMARY:**

Complaint Received at Board Office: 1/10/22  
Committee Discussion: 6/7/22  
Board IIR: 7/20/22

**APPLICABLE STATUTES AND RULES:**

Laws as Amended August 2018  
(Lime Green); Rules as Revised September  
2013 (Yellow).

On June 27, 2021, Complainant requested his dog "Roxy," an 11-year-old female Labrador mix be euthanized due to the dog's declining quality of life. Respondent complied and the dog was humanely euthanized.

Complainant expressed concern with Respondent's euthanasia services.

**Complainant was noticed and did not appear.**

**Respondent was noticed and appeared telephonically. Attorney David Stoll appeared.**

**The Committee reviewed medical records, testimony, and other documentation as described below:**

- Complainant(s) narrative: *Danio Gracin*
- Respondent(s) narrative/medical record: *Alexis Roth, DVM*
- Witness(es): *Premises staff*

**PROPOSED 'FINDINGS of FACT':**

1. On June 25, 2021, the dog was presented to Respondent for vomiting and diarrhea for 7 days. Blood work was performed and revealed elevated kidney and liver values. Radiographs were within normal limits. Respondent went over the findings with Complainant; he interrupted and brought up euthanasia several times. Respondent discussed at length that the dog may have a good prognosis and response to treatment but it would be hard to determine without additional diagnostics such as a urinalysis and ultrasound, or even repeating lab work after supportive care.
2. Complainant declined the recommendation for all additional diagnostics and asked that they treat the dog for her nausea with IV fluids and supportive medications to keep her comfortable in the hospital overnight. Complainant stated that he would pick the dog the following day to spend some time with her and would return for euthanasia the following day. He declined all medications to go home.
3. The following day, Complainant picked up the dog. Respondent's staff member, CVT Rojas, spent a large amount of time with Complainant at discharge while he talked. He again declined all additional diagnostics, in hospital as well as outpatient treatment options. Complainant discussed the dog's declining quality of life, thanked them for the overnight care and stated he would return in the morning for humane euthanasia.
4. On June 27, 2021, Complainant returned to euthanize the dog. An IV catheter was placed and the dog was brought back to Complainant so he could visit with the dog. Once Complainant indicated he was ready, Respondent entered the exam room, greeted him and his emotional support friend, and introduced herself. They talked for an extended period of time – Respondent asked how the evening went, she asked if Complainant would like to discuss the dog's clinical condition or any additional recommendations – Complainant clearly declined. He felt the dog was very weak and that he spent the time he needed to have with her and was comfortable with his decision to euthanize. Respondent took some time explaining the euthanasia process to which he indicated he understood and did not have any questions.
5. Respondent stated that she sat down on the floor with Complainant and the dog and asked if they were ready, Complainant and his friend both verbally provided a yes. At this time, the dog went from a laying down to a sitting position. After waiting several minutes to allow Complainant to attempt to guide the dog back down, Complainant realized it would cause the dog more stress to force her lay down on the blanket. Complainant motioned for Respondent to proceed – Respondent asked if it was ok for the dog to be in this position and if he was ready; he replied yes. Complainant did give Respondent specific instructions or requests on how he wanted or expected the procedure to proceed. She would have granted his requests to make the experience exactly how he desired.
6. Respondent administered the propofol slowly IV and the dog did lay down comfortably as expected into both Respondent's and Complainant's arms. Given the dog's sitting position, Respondent was prepared to support the dog once the propofol took effect. Complainant

continued to cradle the dog on the floor, at which time Respondent inserted the diluted euthanasia solution into the catheter. She verbally stated that she was going to begin giving the euthanasia solution. Complainant again indicated that he knew what Respondent was doing and was ready to proceed.

7. Once completed Respondent flushed the IV catheter with saline, moved around Complainant to confirm the dog's heart had stopped. Respondent notified Complainant and his friend that the dog had passed. They both thanked her and Complainant requested some time alone with the dog.

8. Complainant expressed concern that Respondent was in a hurry and just wanted to get the procedure over with. He was also concerned that due to the dog's eyes only closing halfway that the dog may have been still conscious while receiving the euthanasia solution.

**COMMITTEE DISCUSSION:**

The Committee discussed that these situations are difficult to go through. They felt Respondent showed sensitivity; she understood the gravity of the situation and asked if Complainant understood what was happening at each step.

**COMMITTEE'S PROPOSED CONCLUSIONS of LAW:**

The Committee concluded that no violations of the Veterinary Practice Act occurred.

**COMMITTEE'S RECOMMENDED DISPOSITION:**

**Motion:** It was moved and seconded the Board:

*Dismiss this issue with no violation.*

**Vote:** The motion was approved with a vote of 5 to 0.

*The information contained in this report was obtained from the case file, which includes the complaint, the respondent's response, any consulting veterinarian or witness input, and any other sources used to gather information for the investigation.*

TR

---

Tracy A. Riendeau, CVT  
Investigative Division